

# Suffern Police Department

## Business/ Emergency Contact Information

### *Section 1 (Business Information)*

Business Name		Business Type	
Street#	Street Name	Unit/Apt#	
Telephone#	Pay Telephone#		
Building have a basement ? Yes <input type="checkbox"/> or No <input type="checkbox"/>		Safe in the building ? Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Location of Safe:			
Business Hours:	Night Light ?	Special Info:	
	Location		

*If your business is not alarmed, please skip section 2.....*

### *Section 2 (Alarm Information)*

Alarm Type:	Burglary <input type="checkbox"/>	Fire <input type="checkbox"/>	Hold-up <input type="checkbox"/>
Alarm / Monitoring Company:	Telephone #		
Sensor Locations:			

### *Section 3 (Contact Information)*

Name:	Relationship:	PRIMARY CONTACT	
Address:			
Telephone #	Telephone #2	Date of Birth ____/____/____	

Name:	Relationship:	SECONDARY CONTACT	
Address:			
Telephone #1	Telephone #2	Date of Birth ____/____/____	

Name:	Relationship:	SECONDARY CONTACT	
Address:			
Telephone #1	Telephone #2	Date of Birth ____/____/____	

PERSON INTERVIEWED: \_\_\_\_\_